S. HRG. 100-368, PT. 2

CLINICAL STAFFING RECRUITMENT AND RETENTION PROGRAM—PART II

HEARING

BEFORE THE

SELECT COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

ONE HUNDREDTH CONGRESS

FIRST SESSION

ON

S. 1475

TO ESTABLISH AN EFFECTIVE CLINICAL STAFFING RECRUITMENT AND RETENTION PROGRAM, AND FOR OTHER PURPOSES

AUGUST 25, 1987
BILLINGS, MT

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CLINICAL STAFFING RECRUITMENT AND RETENTION PROGRAM

TUESDAY, AUGUST 25, 1987

U.S. SENATE,
SELECT COMMITTEE ON INDIAN AFFAIRS,
Billings, MT.

The committee met, pursuant to notice, at 10 a.m., in the Carter Room, Northern Hotel, Billings, MT, Hon. John Melcher presiding.

STATEMENT OF HON. JOHN MELCHER, U.S. SENATOR FROM MONTANA

Senator MELCHER. The committee will come to order. This morning we are meeting to discuss the possibilities of improving the clinical staffing and improvement of IHS out here in this area as well as across the United States by enacting S. 1475. Now, we have had a hearing on S. 1475 in Washington and all the testimony was generally favorable. But we have not had a field hearing until today. We thought perhaps in this area if we could get a good cross section of what various tribes felt was positive in the bill and what were the actual shortcomings of Indian health at this particular time, we might get a fairly good indication that this legislation might be very helpful and might be very timely.

Let me say those of us that are sponsoring the legislation, myself and Senator Inouye and Senator Burdick, feel that the timeframe for holding onto a sufficient number of IHS professionals, and I mean not just doctors, and I don't mean just doctors and nurses, or doctors, nurses, and technicians, I mean all the professionals that are necessary to make IHS capable of delivering health care to Indian tribes, we feel like we have got just a few months. That the loss of professionals is so great, that if we don't start stemming that hemorrhage of loss of professionals, a year from now we will be in a very miserable situation without enough people to go around and perhaps a great deal of pressure to contract everything out.

[The text of S. 1475 follows:]

II

100TH CONGRESS
1ST SESSION

S. 1475

To establish an effective clinical staffing recruitment and retention program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 9 (legislative day, JUNE 23), 1987

Mr. MELCHER (for himself, Mr. INOUYE, and Mr. BURDICK) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

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A BILL

To establish an effective clinical staffing recruitment and retention program, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

TITLE I—LOAN REPAYMENT PROGRAM

INDIAN HEALTH SERVICE LOAN REPAYMENT PROGRAM

SEC. 101. (a) The Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (hereafter in this Act referred to as the "Loan Repayment Program") in order to assure an adequate supply of trained physicians, dentists, and nurses for the Service (and for health facilities and health

programs maintained by any Indian tribe, tribal organization, or urban Indian organization under a contract entered into with the Secretary) and, if needed by the Service or by such Indian tribe, tribal organization, or urban Indian organization, podiatrists, optometrists, pharmacists, clinical and counseling psychologists, graduates of schools of public health, graduates of schools of social work, graduates of programs in health administration, graduates of programs for the training of physicians assistants, expanded function dental auxiliaries, nurse practitioner (within the meaning of section 822 of the Public Health Service Act (42 U.S.C. 296m)), and other health professionals.

(b) To be eligible to participate in the Loan Repayment Program, an individual must—

(1) be enrolled as a full-time student and in the final year of a course of study or program in an accredited (as determined by the Secretary) educational institution in a State which is approved by the Secretary pursuant to the provisions of this title; or

(2) in a graduate training program in a course of study approved by the Secretary pursuant to the provisions of this title; or

(3) have a degree in medicine or other health profession which is approved by the Secretary pursuant to the provisions of this title.

(c) An individual applying for the Loan Repayment Program must be eligible for, or hold, an appointment as a commissioned officer in the Service or be eligible for selection for civilian employment by the Service.

(d) An applicant for the Loan Repayment Program must submit an application to participate in the Loan Repayment Program, and must sign and submit to the Secretary, at the time of the submission of such application, a written contract (described in subsection (h)) to accept repayment of educational loans and to serve (in accordance with this subtitle) for the applicable period of obligated service in the Indian Health Service.

(e) In disseminating application forms and contract forms to individuals desiring to participate in the Loan Repayment Program, the Secretary shall include with such forms a fair summary of the rights and liabilities of an individual whose application is approved (and whose contract is accepted) by the Secretary, including in the summary a clear explanation of the damages to which the United States is entitled under section 104 in the case of the individual's breach of the contract.

(f)(1) The Secretary shall only approve applications under the Loan Repayment Program that are made by individuals whose training is in a health profession or specialty determined by the Secretary to be needed by the Service.

(2) In determining which applications under the Loan Repayment Program to approve, the Secretary shall extend a preference to Indians.

(g)(1) An individual becomes a participant in the Loan Repayment Program only upon the Secretary's approval of the individual's application submitted under subsection (c) and the Secretary's acceptance of the contract submitted by the individual under subsection (c).

(2) The Secretary shall provide written notice to an individual promptly upon the Secretary's approving, under paragraph (1), of the individual's participation in the Loan Repayment Program.

(h)(1) In the written contract referred to in this subtitle between the Secretary and an individual, the Secretary shall agree to—

(a) pay loans in behalf of the individual in accordance with the provisions of this title, and accept the individual into the Service.

(b) In the written contract (referred to in this subtitle), the individual shall agree to—

(1) accept loan payments for the purposes described in this title; and

(2) in the case of an individual who is enrolled in an accredited institution as a full-time

student or in a graduate training program, the individual shall agree to—

(A) maintain enrollment in the course of study until the individual completes the course of study or training; and

(B) while enrolled in such course of study or training, to maintain an acceptable level of academic standing (as determined under regulations of the Secretary by the educational institution offering such course of study or training); and

(C) to provide certification to the Secretary of the degree or diploma awarded to the individual in the health profession approved by the Secretary; and

(D) to serve for a time period (hereafter in this title referred to as the "period of obligated service" equal to 2 years or such longer period as the individual may agree to serve in a health program maintained by—

(i) the Service, or

(ii) any Indian tribe, tribal organization, or urban Indian organization under a contract entered into with the Secretary,

to which the individual is assigned by the Secretary;

(2) a provision that any financial obligation of the United States arising out of a contract entered into under this subtitle and any obligation of the individual which is conditioned thereon, is contingent upon funds being appropriated for loan repayments under this subtitle and to carry out the purposes of this subtitle;

(3) a statement of the damages to which the United States is entitled, under section 104 for the individual's breach of the contract; and

(4) such other statements of the rights and liabilities of the Secretary and of the individual, not inconsistent with the provisions of this subtitle.

(j)(1) A loan repayment provided for an individual under a written contract under the Loan Repayment Program shall consist of payment, in accordance with paragraph (2), on behalf of the individual of the principal, interest, and related expenses on government and commercial loans received by the individual for—

(A) tuition expenses;

(B) all other reasonable educational expenses, including fees, books, and laboratory expenses, incurred by the individual; or

(C) reasonable living expenses as determined by the Secretary.

(2) For each year of obligated service that an individual contracts under subsection (f) to serve, the Secretary may pay up to $25,000 on behalf of the individual for loans described in paragraph (1).

(k) Notwithstanding any other provision of law, individuals who have entered into written contracts with the Secretary under this section, while undergoing academic training, shall not be counted against any employment ceiling affecting the Department.

(l) The Secretary shall, by not later than March 1 of each year, submit to the Congress a report providing—

(1) the number, and type of health profession training, of individuals receiving loan payments under the Loan Repayment Program;

(2) the educational institution at which such individuals are receiving their training or have completed their training;

(3) the total number of applications filed under this section during the preceding year;

(4) the number of such applications filed with respect to each type of health profession;

(5) the total number of contracts described in subsection (f) that are entered into during the preceding year;

(6) the number of such contracts entered into during the preceding year with respect to each type of health profession; and

(7) the amount of loan payments made in the preceding year.

RECRUITMENT

SEC. 102. (a) The Secretary may conduct at schools of medicine, osteopathy, dentistry, and, as appropriate, nursing and other schools of the health professions and at entities which train allied health personnel, recruiting programs for the Loan Repayment Program.

(b) Section 214 of the Public Health Service Act (42 U.S.C. 215) shall not apply to individuals during their period of obligated service under the Loan Repayment Program.

OBLIGATED SERVICE UNDER CONTRACT

SEC. 103. (a) Each individual who has entered into a written contract with the Secretary under section 101 shall provide service in the full-time clinical practice of such individual's profession in the Indian Health Service for the period of obligated service provided in such contract.

(b)(1) If an individual is required under subsection (a) of this section to provide obligated service, the Secretary shall, not later than 90 days before the date described in paragraph

(4), determine if the individual shall provide such service as a commissioned officer in the Regular or Reserve Corps of the Public Health Service or as a civilian employee of the Indian Health Service, and shall notify such individual of such determination.

(2) If the Secretary determines that an individual shall provide obligated service to the Indian Health Service as a commissioned officer in the Public Health Service or a civilian employee of the Indian Health Service, the Secretary shall, not later than 60 days before the date described in paragraph (4), provide such individual with sufficient information regarding the advantages and disadvantages of service as such a commissioned officer or civilian employee to enable the individual to make a decision on an informed basis. To be eligible to provide such obligated service as a commissioned officer in the Public Health Service, an individual shall notify the Secretary, not later than 30 days before the date described in paragraph (4), of the individual's desire to provide such service as such an officer. If an individual qualifies for an appointment as such an officer, the Secretary shall, as soon as possible after the date described in paragraph (4), appoint the individual as a commissioned officer of the Regular or Reserve Corps of the Public Health Service.

(3) If an individual provided notice by the Secretary under paragraph (2) does not qualify for appointment as a

commissioned officer in the Public Health Service, the Secretary shall, as soon as possible after the date described in paragraph (4), appoint such individual as a civilian employee of the Indian Health Service.

(4)(A) With respect to an individual receiving a degree from a school of medicine, osteopathy, psychology, or dentistry, the date referred to in paragraphs (1) through (3) shall be the date upon which the individual completes the training required for such degree, except that the Secretary shall, at the request of such individual, defer such date until the end of the period of time (not to exceed 3 years or such greater period as the Secretary, consistent with the needs of the Service, may authorize) required for the individual to complete an internship, residency, or other advanced clinical training. With respect to an individual receiving a degree from a school of optometry, podiatry, or pharmacy, the date referred to in paragraphs (1) through (3) shall be the date upon which the individual completes the training required for such degree, except that the Secretary shall, at the request of such individual, defer such date until the end of the period of time (not to exceed 1 year or such greater period as the Secretary, consistent with the needs of the Service, may authorize) required for the individual to complete an internship, residency, or other advanced clinical training. No period of internship, residency, or other advanced clinical training shall

be counted toward satisfying a period of obligated service under this subtitle.

(B) With respect to an individual receiving a degree from an institution other than a school referred to in subparagraph (A), the date referred to in paragraphs (1) through (3) shall be the date upon which the individual completes his academic training leading to such degree.

(C) With respect to an individual who has received a degree in medicine, osteopathy, psychology, dentistry, or other health profession and has completed graduate training, the date referred to in paragraphs (1) through (3) shall be the date on which the individual enters into a contract with the Secretary under section 101.

(c) An individual shall be considered to have begun serving the period of obligated service on the date such individual is appointed as an officer in a Regular or Reserve Corps of the Public Health Service under subsection (b)(2) or is appointed as a civilian employee of the Indian Health Service under subsection (b)(3).

BREACH OF CONTRACT

SEC. 104. (a) An individual who has entered into a written contract with the Secretary under section 101 and who—

(1) is enrolled in the final year of a course of study and fails to maintain an acceptable level of academic standing in the educational institution in which the individual is enrolled (such level determined by the

educational institution under regulations of the Secretary) or voluntarily terminates such enrollment or is dismissed from such educational institution before completion of such course of study, or

(B) is enrolled in a graduate training program, fails to complete such training program,

in lieu of any service obligation arising under such contract shall be liable to the United States for the amount which has been paid on his behalf under the contract.

(b) If (for any reason not specified in subsection (a)) an individual breaches his written contract under section 101 by failing either to begin such individual's period of obligated service in accordance with section 103 or to complete such period of obligated service, the United States shall be entitled to recover from the individual an amount determined in accordance with the following formula:

$$A = 2z\left(\frac{t-s}{t}\right)$$

in which 'A' is the amount the United States is entitled to recover, 'z' is the sum of the amounts paid under this subtitle to, or on behalf of, the individual and the interest on such amounts which would be payable if at the time the amounts were paid they were loans bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States, 't' is the total number of months in the indi-

vidual's period of obligated service, and 's' is the number of months of such period served by him in accordance with section 103 of this title. Any amount of damages which the United States is entitled to recover under this subsection shall, within the 1-year period beginning on the date of the breach of the written contract (or such longer period beginning on such date as specified by the Secretary for good cause shown), be paid to the United States.

(c)(1) Any obligation of an individual under the Loan Repayment Program (or a contract thereunder) for service or payment of damages shall be canceled upon the death of the individual.

(2) The Secretary shall by regulation provide for the partial or total waiver or suspension of any obligation of service or payment by an individual under the Loan Repayment Program (or a contract thereunder) whenever compliance by the individual is impossible or would involve extreme hardship to the individual and if enforcement of such obligation with respect to any individual would be unconscionable.

(3) Any obligation of an individual under the Loan Repayment Program (or a contract thereunder) for payment of damages may be released by a discharge in bankruptcy only if such discharge is granted after the expiration of the 5-year period beginning on the first date that payment of such damages is required.

REPORTS

SEC. 105. The Secretary shall submit to the Congress on July 1 of 1988, and of each succeeding year, a report on the number of providers of health care who will be needed for the Indian Health Service during the 3 fiscal years beginning after the date the report is filed and—

(1) the number of scholarships, if any, the Secretary proposes to provide under the National Health Service Corps Scholarship Program during such 3 fiscal years, and

(2) the number of individuals for whom the Secretary proposes to make loan repayments under the Loan Repayment Program during such 3 fiscal years.

AUTHORIZATION FOR APPROPRIATIONS

SEC. 106. There are authorized to be appropriated for each fiscal year such sums as may be necessary to carry out the provisions of this title.

TITLE II—OTHER RECRUITMENT AND RETENTION PROVISIONS

TRAVEL EXPENSES FOR RECRUITMENT

SEC. 201. (a) The Secretary may reimburse health professionals seeking positions in the Service (including individuals considering entering into a contract under section 101) and their spouses for actual and reasonable expenses incurred in traveling to and from their places of residence to an area in

which they may be assigned for the purpose of evaluating such area with regard to being assigned in such area.

(b) There are authorized to be appropriated for each fiscal year $100,000 for the purpose of carrying out the provisions of this section.

TRIBAL DEMONSTRATION RECRUITMENT AND RETENTION PROGRAM

SEC. 202. (a) The Secretary, acting through the Service, shall award grants to Indian tribes and tribal organizations for the purpose of enabling the Indian tribes and tribal organizations to develop and test, in cooperation with the Service, innovative techniques to recruit, place, and retain health professionals.

(b) The Secretary shall prescribe such regulations as are necessary to carry out the provisions of this section.

(c) There are authorized to be appropriated such sums as may be necessary to carry out the provisions of this section.

TRIBAL CULTURE AND HISTORY

SEC. 203. (a) The Secretary, acting through the Service, shall establish a program under which all employees of the Service who serve particular Indian tribes shall receive educational instruction in the history and culture of such tribes and in the history of the Service.

(b) To the extent feasible, the program established under subsection (a) shall—

(1) be carried out through tribally-controlled community colleges, and

(2) be developed in consultation with the affected tribal government, and

(3) include instruction in Native American studies.

(c) There are authorized to be appropriated such sums as may be necessary to carry out the provisions of this section.

INMED PROGRAM

SEC. 204. (a) The Secretary is authorized to provide grants to colleges and universities for the purpose of maintaining and expanding the Native American health careers recruitment program known as the "Indians into Medicine Program" (hereinafter in this section referred to as "INMED") as a means of encouraging Indians to enter the health professions.

(b) In addition to maintaining the INMED program at the University of North Dakota, the Secretary shall provide grants to at least two additional universities or colleges for the purpose of expanding the INMED program model.

(c) The Secretary shall develop regulations for the competitive awarding of the grants established in this section provided that the universities applying for such funds agree to provide a program which—

(1) provides outreach and recruitment for health professions to Native American communities including

elementary, secondary and community colleges located on Indian reservations which will be served by the program,

(2) incorporates a program advisory board comprised of representatives from the tribes and communities which will be served by the program,

(3) provides summer preparatory programs for Native American students who need enrichment in the subjects of math and science in order to pursue training in the health professions,

(4) provides tutoring, counseling and support to students who are enrolled in a health career program of study at the respective college or university, and

(5) to the maximum extent feasible agree to employ qualified Native American staff for the program.

(d) By no later than the date that is 3 years after the date of enactment of this Act, the Secretary shall submit a report to Congress on the program including recommendations for expansion or changes to the program.

(e) There are authorized to be appropriated such sums as may be necessary to carry out the provisions of this section.

ADVANCED TRAINING AND RESEARCH

SEC. 205. (a) The Secretary, acting through the Service, shall establish a program to enable health professionals

who have worked for the Service for a substantial period of time to pursue advanced training or research at medical schools, or other professional schools or facilities, in areas of study for which the Secretary determines a need exists.

(b) The Secretary shall prescribe such regulations as may be necessary to carry out the provisions of this section.

ADDITIONAL INCENTIVES FOR HEALTH PROFESSIONALS

SEC. 206. (a) The Secretary shall provide the incentive special pay authorized under section 302(b) of title 37, United States Code, by reason of section 208(a) of the Public Health Service Act (42 U.S.C. 210(a)), to—

(1) commissioned medical officers of the Regular and Reserve Corps of the Public Health Service who are assigned to positions for which recruitment or retention of personnel is difficult in the Indian Health Service, and

(2) civilian medical officers of the Service who are assigned to positions for which recruitment or retention of personnel is difficult.

(b) The Secretary shall establish and update on an annual basis a list of positions (other than medical officers) of health care professionals employed by or assigned to the Service for which recruitment or retention is difficult.

(2)(A) The Secretary shall pay a bonus to any person who is employed in or assigned to, a position in

the Service included in the list established by the Secretary under paragraph (1)(b).

(B) The Secretary may not exceed $2,000 in total bonus payments made under this section to any employee within any 1-year period.

(c) The Secretary shall establish programs to allow the use of flexible work schedules, and compressed work schedules, in accordance with the provisions of subchapter II of chapter 61 of title 5, United States Code, for health professionals employed by, or assigned to, the Service.

(d) Notwithstanding any provision of law, no limitation imposed on amounts of premium pay paid for overtime shall apply to any individual employed by, or assigned to, the Service. The rate of overtime pay for such individual shall be computed as provided in section 5542 of title 5, United States Code.

RETENTION BONUS

SEC. 207. (a) The Secretary shall pay a retention bonus to medical officers employed by or assigned to the Service either as a civilian employee or member of the Commisson Corps who—

(1) has satisfied one of the following criteria:

(A) has completed three years of employment with the Service; or

(B) has completed any service obligation incurred as a result of—

(i) acceptance of any Federal scholarship program; or

(ii) any Federal education loan repayment program.

(b) enters into an agreement with the Service for continued employment for a period of not less than 1 year.

(c) The Secretary shall establish specific rates for the retention bonus which shall provide for a higher annual rate for multi-year agreements than for single year agreements but in no event shall the annual rate be less than $12,000 per annum nor shall the annual rate be more than $25,000 per annum.

(d) The retention bonus for the entire period covered by the agreement in paragraph (2) shall be paid at the beginning of the agreed upon term of service.

(e) Any physician failing to complete the agreed upon term of service, except where such failure is through no fault of the individual, shall be obligated to refund to the government the full amount of the retention bonus for the period covered by the agreement plus interest as determined by the Secretary after consultation with the Secretary of the Treasury.

FOREIGN MEDICAL GRADUATE DEMONSTRATION PROJECT

SEC. 208. (a) The Secretary shall establish a 3-year demonstration project in the Indian Health Service which

utilizes foreign medical graduates to assist in the delivery of health care in IHS hospital facilities.

(b) The Secretary shall conduct the demonstration project at not less than 2 IHS hospitals which have the staff capability to provide orientation, training, and supervision to the foreign medical graduates selected to participate in the demonstration project.

(c) The Secretary shall develop a program which provides orientation, training, and supervision to the participants in the demonstration project which—

(1) assesses the abilities of each foreign medical graduate participating in the demonstration project,

(2) provides individualized orientation and training to each participant,

(3) provides individualized work assignments based upon the individual's training, experience and capabilities, and which are under the supervision of an IHS medical officer, and

(4) prepares each participant to obtain a license as a physician assistant.

(c) The Secretary shall select at least 10 individuals to participate in the demonstration project who satisfy the following criteria—

(1) had been licensed to practice medicine in his or her country of origin;

(2) had practiced medicine in his or her country of origin for at least 5 continuous years;

(3) are proficient in the oral and written use of the English language;

(4) have obtained citizenship or status of permanent residents of the United States; and

(5) originate from countries which are friendly with or allied with the United States.

(d) By the date that is no later than 3 years after enactment of this Act, the Secretary shall submit a report to Congress on the demonstration project which shall include recommendations for maintaining and expanding the demonstration project as a means of enabling the Service to more effectively deliver health care.

(e) There are authorized to be appropriated such sums as may be necessary to carry out the provisions of this section.

REPORT ON RECRUITMENT AND RETENTION

SEC. 209. (a) The Secretary of Health and Human Services shall establish an advisory panel composed of—

(1) 10 physicians or other health professionals who are employees of, or assigned to, the Indian Health Service,

(2) 3 representatives of tribal health boards, and

(3) 1 representative of an urban health care organization

for the purpose of conducting an investigation of administrative policies and regulatory procedures which impede the recruitment or retention of physicians and other health professionals by the Indian Health Service.

(b) By no later than the date that is 18 months after the date of enactment of this Act, the advisory panel established under subsection (a) shall submit to the Congress a report on the investigation conducted under subsection (a), together with any recommendations for administrative or legislative changes in existing law, practices, or procedures.

EARLY RETIREMENT

SEC. 210. Section 8336(j)(1)(B) of title 5, United States Code, is amended by striking out "December 21, 1972" and inserting in lieu thereof "December 5, 1979."

DEFINITIONS

SEC. 212. For purposes of this Act—

(a) The term "the Secretary" means the Secretary of Health and Human Services.

(b) The term "the Service" means the Indian Health Service of the Department of Health and Human Services.

(c) The term "Indian", "Indian tribe", "tribal organization", and "urban Indian organization" have the respective meanings given to such terms by section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

O

Senator MELCHER. The bill we think probably ought to be passed in September. That's rather fast for action in Congress, but we think it is that much of an emergency.

So we thought perhaps we would be better off if we had some advice right from the field, right from tribal leaders who have to deal on the ground with the situation in your own tribes every day, day in and day out.

Now, I'm not sure, I have got some prepared testimony, but, for instance, from the Shoshone Tribe and the Northern Arapaho Business Council, might I ask, is anybody here in person today, Shoshone or Arapaho?

All right. We will make this testimony part of the record after we have heard from those who are actually here. John R. Washake, Chairman of the Shoshone Business Council, Twin River Indian Reservation, and from Wayne Felter, Arapaho Business Council, Arapaho tribe.

I think our first witness is Earl Old Person, Blackfeet tribal chairman. Earl, would you please assume the stand here.

STATEMENT OF EARL OLD PERSON, CHAIRMAN, BLACKFEET TRIBE

Mr. OLD PERSON. Thank you, Senator. Thank you. First of all, I would like to express our appreciation for allowing us to have this input into this hearing that you are having. I do want to acknowledge some other members that are with me today. My council members Lane Kennedy, Rowland Kenerling, Bernard Semadore, our legal counsel Vicky Santana, and we have a couple of our honorary council members, these are some of our senior members that are with us, Joe Bear Medicine, and Francis Paws.

I think I have echoed this many times that we as Indian people I think practically all feel that one of the most important part of our lives, and I think with anyone throughout this country, is our health. If we do not have the health, we will not be able to function as we would like to do and be within our way of life on our reservation.

I want to thank the congressional people and you, as our Senator, first of all for helping us out and being very instrumental in the medical center that we now have.

Also for seeing that it is important that these facilities or any health program that is within the Indian reservations, the Indian areas, that they have the kind of people that will be working with them and that will work with them to the point where we can begin to see that things are becoming sufficient and the kinds of programs that we can rely upon. I think one of the things that we have always been, we as tribal leaders, at least for the Blackfeet people, one of the questions that always come to us when we are talking about our health facilities, people come to us and they wonder why don't we have enough people working at the hospitals, why don't we have the kinds of doctors that should be here working with us, why do we have to be taken to Great Falls, Kalispell, and elsewhere in order to receive the kinds of treatment that is needed. And I guess one of the reasons is that everything that is being pointed out here, that we do not have the kinds of people, we

do not have enough people to work within this area, especially to encourage our Indian people, our own kind, to go into these kinds of fields.

First of all, we are never at a point where we can send our young people to these kinds of institutions where they will receive this kind of training. I think our greatest enemy is lack of funds.

Second, they are not being encouraged enough to really get into this area as far as medical professional is concerned. And so with these kinds of problems that we run into, naturally we are going to find ourselves having problems as well as the people within the medical profession having problems, and, most of all, I believe this is one the reasons that our Indian Health Service programs, as well as our congressional people that put out the kinds of money, find it often difficult to put out the kind of money to help these people. What I mean by that, if we had the kinds of services on our reservations, if we had the kind of staffing, the kinds of people to work within our medical or health problems, we would not have to be sent out into the areas. Perhaps we will have to, but not to the extent that it is today. And I think this is the greatest let down when we hear there is not enough money, there is not the kinds of funding to be able to take care of the Indian Health Service programs, to take care of the kinds of needs that are in need for our people's medical care.

I think we need to encourage our own people. We need to encourage the people right within this area that can actually work with our people. Communication I've always said is very important. Each time that we have doctors in this profession that come in and work with our people, I always try to encourage these people to try to find a way of communicating with our people. And my people in turn I try to encourage them to work with the people that come in to work with us. I think that is very important. If we can understand one another, I think things will be—they will work in a way where we understand one another better.

I have a written testimony that I have submitted, and we have outlined some things in there that we hope will be hopeful for this legislation as it is being introduced and ready for its passage, but I do want to agree that we need the kinds of people that will come in and understand our people and our ways and the kinds of things that they have to work with within our areas. For instance, it is awfully difficult, I guess, sometimes if you bring in a stranger that comes into our areas, it is awfully difficult for them to really enter into the kinds of environment that they come into, and so we need a better understanding, we need the kinds of people that will understand our ways and the kinds of things that they have to work with. I think we can talk about funding as much as we want, as long as we want, pointing up the different things, where we are lax in the way that our people are helped as far as funding is concerned for our Indian Health Service units or within our medical and health programs.

And so with this, Senator, I do want again to express on behalf of the Blackfeet people and I hope that within this testimony that I have submitted, that you will receive a detailed information from the Blackfeet people and some of the suggestions that we have pointed out in our testimony.

Now, again, I guess I am not—it is allowed to have any of our other members to elaborate. If there are any questions that you might want to ask, I will be happy to try to answer them.

Senator MELCHER. All right. Earl, I want to thank you and the rest of the witnesses for coming today. We really had not planned this too many days in advance. I think you were all contacted about 10 days ago and asked whether you thought it was too short a time to testify. Almost all of you said you thought you could testify that quickly, it was not too short a time. So the committee appreciates that.

We are faced with what we think is an emergency, we know it's an emergency, that unless we get something passed this fall, the shortcomings are going to be so bad next year that we might not be able to keep IHS going on the same track it is. I'm afraid they would swing around to wanting to contract about everything out in sight, and IHS would never be the same again.

Well, we felt by having a field hearing here today that perhaps we could get a blance in testimony. The balance, that we received in Washington offset by what we get right here from people like yourself. So we have asked not necessarily to have a whole big hearing record today, one that is fairly straight forward and fairly short, just to go with the hearing record in Washington, and between the two, any doubting Thomases, either in the Senate floor or in the House floor, maybe we could just scan through the hearing record combined between Washington and here and perhaps we could convince them, also, some action is needed this fall.

Surprisingly not too much was suggested to alter the bill in its form as it was introduced. Now, we will make some changes. So we will be very sensitive to changes that you will recommend, and we will go through that. We will have staff go through all of these changes that are recommended by the tribes and see whether they can be worked out and worked into the bill before it is passed.

I've seen many bills get started. They are very urgent bills, and not passed when they should have, get shoved aside for 1 year or so. This is one I don't think we can afford to see that happen to. I think the losses would be so damaging that Indian Health Service and health care on Indian reservations would disappear very rapidly; would be less next year and a great deal less after that, and I find that to be, in my judgment, totally unacceptable.

So I think we want strong testimony, which you have already given, but we want to go through the prepared testimony, and we may want to get back to you between the staff, through the staff, and on my staff in the Senate or the committee's staff, whatever. Dr. De Ortube is here, he's actually working on the aging committee now, but Dr. De Ortube has done an awful lot of work working with the IHS for the last year cataloging where their shortages are and projecting how bad it is going to be. So we are going to have a lot of help in making sure the bill is passed.

Earl, some of the people you have brought, I think on a different matter, too, I would like to see before this is over with. Some of the people here on the Badger Two Medicine.

Mr. OLD PERSON. Right. But I do want to point out, too, just to give you an example with our new medical center, it was intended for 214 em loyees, or staffing.

Senator MELCHER. How many?

Mr. OLD PERSON. 214. But we have 170 out of that. That was kind of a reduction. These are the kinds of things that we are suffering within our unit.

Senator MELCHER. The projected staff level is 214 and you only have 170?

Mr. OLD PERSON. So you can see they were not meeting what was originally based. So these are the kinds of problems that we run into. And I think you can hear—there will be a variety of recommendations, such as the veterans, they have their problems, our Indian veterans, are having problems within our medical and health care programs. They are sent away, but, you know, that doesn't really help. I think there is going to have to be a way that they have to be worked with and dealt with, and I'm sure you will hear from them. We do have some representatives that will focus on that.

Senator MELCHER. Just becuase some person is not on the witness list does not mean we don't want testimony. Any written testimony will be part of this hearing record, and so we encourage everybody that might think, well, this is all locked up, just submit the written testimony, we will make sure it is part of this record, and we will keep this record open, by the way, for another two weeks.

Mr. OLD PERSON. If I could, just last, I want to mention is that we had a Montana Indian Health Careers Recruitment Center here that was phased out. Now, I think that area could have been a great asset to this type of a legislation, where they could continue and perhaps——

Senator MELCHER. Where did we have that, here in Billings?

Mr. OLD PERSON. It was here in Billings. That's been phased out and I think that is something that we need to look at.

Senator MELCHER. We may need to look at that again.

Mr. OLD PERSON. Right. So with that again, I want to thank you for allowing me, and I hope that you will review the testimony that I have submitted, and there will be the detailed information, recommendations, and some points that we have recommended.

Senator MELCHER. All right. Thank you.

Next, we will hear from Gilbert Horn, Sr.

STATEMENT OF GILBERT HORN, SR., TRIBAL HEALTH BOARD, FORT BELKNAP TRIBE

Mr. HORN. Thank you, Senator. I gave you ten copies for yourself, and the last I gave you there is for the Select Committee on Indian Affairs. There are 15 copies of that one and ten copies for the first one I gave this morning.

Senator MELCHER. Good.

Mr. HORN. So I think Earl covered everything just about. So I won't take up too much of your time. We agree with most of the things that was in the bill. I think one part that we didn't was the $100,000 that was allowed for the contract. We thought that was too small a figure. So I won't take up any of your time.

Senator MELCHER. How do you find—how bad is it at Fort Balknap in terms of staffing right now?

Mr. HORN. Well, I didn't want to go into that because I think you have heard enough about it. I don't think Indian people are really getting the services we are entitled to because we are less than second class people I think as far as health care is concerned because many times we don't get to see the same doctor two trips in a row. One of my eldery people told me he was to the clinic four different days in 1 week and each day that he went he saw a different doctor, and each time they told him something else was wrong with him. So after the fourth time he went to the hospital and saw the fourth doctor, they told him to come back on a Monday, and he said, well, I'm not coming back no more because it cost me money every time I come here. I come 70 miles to get here one way. I have to hire somebody. And he said, so far, the four doctors that I already come to, there is nothing left that could be any good in my body anyhow if I came to the fifth doctor.

So I thik by that, what he meant is, we should be able to see one doctor each time we came to the clinic rather than see a diferent doctor every time.

Senator MELCHER. Gilbert, I think it is hard for a lot of people to understand that there can be that many doctors shuttled through a system. You are not exaggerating, are you?

Mr. HORN. No I'm not, we got that on record at home.

Senator MELCHER. Over how long a period of time, do you remember?

Mr. HORN. In just—it was—not this past summer, the summer before.

Senator MELCHER. Summer before last?

Mr. HORN. Yes; we have a doctor—one of the times that we proposed our health facilities up at Helena, that's when we picked this up when we went to the committee for different meetings, this old man told us that. We have it on record.

But the turnover is too fast on Indian reservations, or at least it is on Fort Belknap, and I thought we had some of the best doctors we have ever had at Belknap at this time, but they just told me the other day that one is going to leave again.

Senator MELCHER. We have looked at this too long as a problem and lamented how bad a problem it is, and now I think we are just forced down to the mat. We are going to have to make sure that there are some incentives for staying and making this a major part of their career life. The idea that reservations are poor places to live depends upon how you are suited. If you like Indian culture, it is the best place in the world to live. If you like Indian people, it is better than downtown Billings. If you like the west and the expansiveness of it, it is a place to come to. But salaries and opportunities for families are part of living, too, and when they want to pay less for what is, after all, a little tougher job, I don't find——

Mr. HORN. I agree with you. I think it is hard for anybody, like especially at Fort Belknap.

Senator MELCHER. They burn out, don't they? Don't some of them burn out?

Mr. HORN. Yes; they burn out because they are practically around the clock. But there is no recreation for them, there is no golf courses, no fishing, no nothing around there close that they

can go to. There are no big lights around Fort Belknap. So when they get burned out, before them, they get to move.

But I would like to comment, I think it is one of the last paragraphs in your bill where you have foreign doctors or foreign students mentioned to bring to the reservation. I think I like that. I heard a lot of other say different, but I would have to go along with everybody has probably had something to do with treaties, the settlement of treaty claims. And most of them attorneys were Jews, they were foreigners. I think that is the only ones that ever helped the Indians in the claim that I know of.

So I think when you talk about foreign doctors, the foreign doctors are a lot better than the American doctors. I don't know why, but seemed like they—I don't know, they are just better, because I was in Denver and we had a big team of them, one team I had was 15 doctors. The foreign doctors that was training there seemed like they took more interest in the patient than coming with a clip board and just making checks on that. The foreign doctors seemed to ask more questions. I think they were just more knowledgeable about medicine.

Senator MELCHER. Well, it is not a very big open door the way it is in that bill. It would allow IHS to utilize some foreign-trained doctors if they were short otherwise.

Mr. HORN. The way it is written I would say it is the last resort.

Senator MELCHER. Yes; it is the last resort. It ought to be there, I believe, because we may need last resorts.

All right. I see you have looked into the bill well, Gilbert, and I thank you for that. We will keep pressing for passage of this bill. We will need all the help we can get.

Mr. HORN. Okay, thank you, Senator.

Senator MELCHER. Next I believe we have Ken Smoker, Fort Peck.

STATEMENT OF KEN SMOKER, JR., EXECUTIVE BOARD MEMBER, FORT PECK TRIBES

Mr. SMOKER. Good morning, Senator Melcher.

Senator MELCHER. Good morning, Ken.

Mr. SMOKER. My name is Kenny Smoker Jr., I'm a member of the Tribal Executive Board of the Assiniboine and Sioux Tribes of the Fort Peck Reservation. With me in the audience is Larry Bursha, who is our tribal health director at Fort Peck. It is a pleasure to testify before you concerning S. 1475, a bill to establish an effective clinical staffing recruitment and retention program.

The Fort Peck service unit is currently experiencing difficulty in finding physicians to staff its clinics on the reservation. We currently have no physicians at our Wolf Point Health center and one physician vacancy at our Poplar Health Center. It has taken the service unit over two and one half years to bring its medical staff at Poplar to near full staff. To date we have only four physicians apply for the Wolf Point vacancies. Two of the four have elected to go to other Indian Health Service facilities. We are awaiting for the two other candidates decision to relocate to Wolf Point.

Our major need is for family physicians, with obstetric capability, a specialty which is becoming more in demand in all parts of

the country. Our population consists of women in their child bearing years. Because of the demand for these physicians, there is a great competition among the various groups wishing to employ them. This means that these physicians can demand salaries and benefits out of proportion to the salaries and benefits offered by the Civil Service and PHS commissioned system. Both personnel systems have basic benefit packages with few options available. Most private sites have the ability to negotiate salaries and benefits with physicians to meet their demands. This puts Indian Health Service in an unattractive negotiating position.

Our facilities are isolated from major population centers. In fact, the United States Public Health Service has designated Popular, Montana, as an isolated area for assignment of PHS commissoned Corps members. The Fort Peck reservation is located 310 miles from Billings, Montana; 360 from Great Falls; 210 from Minot. As physicians who have spent several years in urban or suburban areas, they and their families have become accustomed to an availability of services and entertainment not to be found at Fort Peck. We do have some of the finest hunting and fishing available, but not all physicians are hunters and fishermen. Most physicians are not prepared to accept the isolation found on our reservation.

Many physicians' spouses are also professionals and these spouses would like to find work in their profession. There is little or nothing available at or near an Indian Health Service facility. This problem causes the physician to move on to a place in which their spouses can find employment.

Professional issues also enter into a physician's decision to work on our reservation. The major areas here are the presence of our physicians available to deliver babies, we need to recruit and issue for our Wolf Point Health Clinic and the number of nurses available to assist in providing direct patient care. The lack of adequate support staff also detracts from the care available to patients and frustrate physicians. These are not problems normally encountered by the private sector.

If a physician will be the only one at a site, he or she will probably not elect to go there. Also, if there is not enough physicians to cover the workload, the person will probably not go. If the support is inadequate, in quantity or quality, the physician will elect to go elsewhere.

Our difficulties in recruiting physicians on the Fort Peck reservation have arised from both personal and professional reasons listed above. If the IHS does not become competitive in attracting physicians or finds a pool of physicians to staff our clinics, the health of the Native American people on the reservation will decline much more rapidly. At present we have 115 patients awaiting services because they are not available at the ISH centers or they do not have the staff or equipment available to provide them. Unless there is some relief, this figure will continue to grow.

In closing, the Fort Peck Tribe whole heartedly supports S. 1475

Senator MELCHER. Thank you, Ken. We appreciate that testimony. You say you have 115 waiting. That's 115 cases?

Mr. SMOKER. Yes.

Senator MELCHER. That aren't adequately—wait a minute they are in some stage of being taken care of now or just waiting to be acted on period?

Mr. SMOKER. We need them acted upon based on the budget for this year, this fiscal year.

Senator MELCHER. That's not too good.

You make the point that many physicians' spouses are professionals. So they are wanting to find work in their field, too

You have a clinic open in Fort Peck now?

Mr. SMOKER. Pardon me?

Senator MELCHER. Is there a clinic open in Fort Peck now?

Mr. SMOKER. Yes; we got one in Poplar and one in Wolf Point.

Senator MELCHER. In both. There is a clinic in both locations?

Mr. SMOKER. In both cities, yes. And——

Senator MELCHER. Which one is the busiest?

Mr. SMOKER. The one in Poplar.

Senator MELCHER. Is still the busiest?

Mr. SMOKER. Yes, we have a new facility coming in, we are in construction, or in the design phase of it, in Wolf Point right now.

Senator MELCHER. So it is not open, though?

Mr. SMOKER. The clinic is open. We have a small clinic open.

Senator MELCHER. The add-on to the clinic is not open yet, the new construction?

Mr. SMOKER. Yes; it will be a new facility.

Senator MELCHER. It isn't open yet, though?

Mr. SMOKER. No; it isn't.

Senator MELCHER. When is it scheduled to be open?

Mr. SMOKER. I believe—well, construction starts this spring, and I imagine 2 years from now.

Senator MELCHER. Construction will start next spring?

Mr. SMOKER. Yes; this coming spring.

Senator MELCHER. How many new positions will that create?

Mr. SMOKER. I believe it's 22.

Senator MELCHER. Professionals?

Mr. SMOKER. Yes.

Senator MELCHER. We might get the construction done, but if we don't do something about getting the professionals in, then we won't have—won't be of any use to us.

How many positions are there in Poplar?

Mr. SMOKER. I will have to refer that question to our tribal health director.

Unidentified SPEAKER. There are 45.

Senator MELCHER. There are 25 positions in Poplar?

Mr. SMOKER. There are 45 positions.

Senator MELCHER. OK, 45 positions in Poplar.

Thank you very much.

Next Marlene Seminole from Northern Cheyenne.

STATEMENT OF MARLENE SEMINOLE, TRIBAL HEALTH DIRECTOR, NORTHERN CHEYENNE TRIBE

Ms. SEMINOLE. Thank you. My name is Marlene Seminole. I am the tribal health director for the Northern Cheyenne Tribe. I am testifying on behalf of the Northern Cheyenne Tribe. I wish to

thank you, Senator Melcher, for allowing me the opportunity to express my tribe's views. The Northern Cheyenne Tribe is in support of S. 1475.

We realize that there is a great need to keep an adequate supply of trained medical personnel while keeping in mind that the repayment program will encourage more of our young people to seek higher educational opportunities.

We support the identification of needed professional staff on the local level. Scholarships offered and funded reflect the needs on a national level, and our needs on the local level have gone unmet. For example, we find it difficult to fill positions for nutritionists, sanitarians, and health educators. Yet these training opportunities have not been available on a regular basis.

In addition, repayment programs have only included positions with Indian Health Service and not with tribal employment. So a candidate would be screening out tribal 638 positions because of this plan.

Many physicians are married to other professionals. Frequently, the spouse also wants to find work in their profession. Allowing the travel expenses to be paid under recruitment provisions would help the family in making a better decision in placement and longer commitment period of time.

The quality of health care is directly related to training, experience, and cultural understanding by a practicing health care provider. These characteristics enhance our communities' acceptance and respect of medical practices. Individual patients' confidence and trust builds over periods of time impacting compliance. Recruitment and retention of experienced physicians, nurses, dentists, and other health care providers builds this mutual health care system.

Indian Health Service has networking skills and recruitment capabilities that extend throughout the United States; whereas, each tribe is an independent unit unto itself, and advertising and recruiting for also all of the positions and vacancies becomes a real problem. If the two agencies combined efforts to work towards a more organized recruiting system, our needs for professional personnel may be met.

We recommend that tribes take on a more active role in recruitment, selection, and retention. Tribes need to assess the pool of graduates to select those that would be best suited to reservation life. And graduates need to be informed of the tribal needs and opportunities that are available on the reservations.

One issue not addressed in this Senate bill is the development of a health career component in the educational institutions for all students beginning in elementary schools. Both junior high and high school students need to be thinking about their career goals. They are usually introducted to career opportunities their senior year in high school, often too late to take needed science and/or math courses, if the school offers such courses. And much too late to worry about their grade point average. Some of these issues are addressed by the summer INMED program. We strongly support the continued funding of the INMED program. We also support the expansion of the program model to other universities or colleges. We are especially proud to announce that this program has led to

giving a young Cheyenne's dream of becoming a medical doctor a reality. In June of this year, Stanford University graduated one of our tribal members as a medical doctor, Dr. Tim Wilson. Dr. Wilson completed his undergraduate study at the University of North Dakota through the INMED program. Had it not been for the INMED program, his dream may not have become a reality. The continued support of this program and similar programs is vital.

Two of our physicians have set a new trend by settling in our community for a longer period of time. Their transition to living in a remote section of Montana was assisted by their lifestyles and outreach into the community in which they live. Their daily living is not limited to the clinical setting. This mutual acceptance and confidence has been built over time and through small experiences and individual exchanges. Those positive experiences that provide employees a sense of belonging, ownership, and roots will be enhanced through tribal involvement.

Thank you.

Senator MELCHER. Thank you, Marlene. Where is Dr. Wilson at right now?

Mrs. SEMINOLE. I don't know what his plans are.

Senator MELCHER. He completed what? He got his M.D. from Stanford this year?

Ms. SEMINOLE. Yes; in June 1987.

Senator MELCHER. OK. Strangely enough, sometimes IHS doesn't seem to go after Indian physicians. I think that would be the first attempt, number one, on the recruitment list.

I think you made a good point when you say if you are going to get Indian students interested in medicine, you better be talking to them at the junior high level.

Has that been done to any extent since we have had the INMED program? Have we really seen an effort from about the ninth grade on to talk to Indian students to see whether they want a medical career?

Ms. SEMINOLE. I think that's where a health career program that was here in Billings, counselors that went out to the high schools to recruit high school students.

Senator MELCHER. When did that end?

Ms. SEMINOLE. I believe it was this year.

Senator MELCHER. This year was the last year. It wasn't in effect this year?

Ms. SEMINOLE. I'm not sure when it ended. It was still in effect up until a few months ago.

Senator MELCHER. Yes; I think it is necessary to keep that. Thank you very much, Marlene.

Rocky Stout, Sr., from Rocky Boy? I though Rocky was here.

Robert Little Light, Health Planner, Crow Tribe.

STATEMENT OF ROBERT LITTLE LIGHT, HEALTH PLANNER, CROW TRIBE

Mr. LITTLE LIGHT. Honorable John Melcher, friend of the Crows, my name is Robert Little Light. I am a member and health planner for the Crow Tribe. I would like to express what we done in the

past year with the Indian Health Service. The Crow Tribe has always supported the Indian Health Service and care of the Crow people. Through these efforts the Crow tribal government has provided a dental suite, support and operation of the CHR program, management of the detox talks program. Also, in an effort to deal with alcohol and drug programs on youth, the Crow Tribe, along with the Indian Health Service, scheduled and held weekend hikings, trail rides, and a week long camp out in the Big Horn mountains, 140 to 160 youth participated in these activities.

Along with these activities and programs the Crow Tribe has donated land for the construction of a new hospital. It will be utilized by neighboring tribes.

Now, S. 1475. Overall support for the bill needs to be strengthened. Instead of loan repayment, it should be a grant. We are not familiar with this formula. I would like for you to explain or demonstrate this formula. A equals two C times T minus S over T. I got a number higher.

Number 3, due to the many areas of the Indian Health Service in the country, the $100,000 should be increased to $3 million to carry out this purpose.

Also on the subject of tribal culture and history, funds should be made available to accomplish this.

Also, on page 15, paragraph—line 25, to the extent feasible the program established under subsection (a) shall be training in, (1) social structure of the tribal, politics, religion, economy; (2) communication of Indian tribes affected; (3) environmental adaptations, climate, and et cetera; (4) ideology, Indian religion, Sun Dances, Peotee, and there are some more that are respected by all members of the tribe and other tribes, also, respect these religions. The history, Dulles Act, Snider Act, example is the establishment of the reservation, voting rights in the 1940s, and the liquor laws.

The problems in staffing, salaries are not competitive with the private sector.

2. Another problem is the civil service doctor, physician's family, should receive health care by the local PHS.

3. Isolation or lack of educational opportunities are limited. There should be funds for traveling and also funds available for temporary coverage while the doctor is away on temporary duty.

4. The Crow Tribe is interested in recruiting and retaining health care professionals. The tribe is exploring ways and planning on giving privileges in hunting, fishing, camping, hiking in our reservation. If we have more money, we can pay these by ourselves to keep them there.

Then, Honorable John Melcher, I want to thank you for giving all of this time, because we really do have problems in the health care of the Indian. The Crow people have always worked in harmony with the Indian Health Service, and we pledge our support in continuing to do so. Thank you very much.

Senator MELCHER. Thank you, Robert, for your testimony. We will make note of those suggestions, see how many we can work into the bill.

As health planner for the Crow Tribe, how long have you held that position?

Mr. LITTLE LIGHT. Last June 1. I am new to this program.

Senator MELCHER. June 1, this year?

Mr. LITTLE LIGHT. Right, I was working for the county before that.

Senator MELCHER. You were working for who?

Mr. LITTLE LIGHT. Big Horn County. I was a counselor.

Senator MELCHER. As a counselor?

Mr. LITTLE LIGHT. Right.

Senator MELCHER. In the school system or how?

Mr. LITTLE LIGHT. Mental Health Center.

Senator MELCHER. In the Mental Health Center.

Mr. LITTLE LIGHT. Right.

Senator MELCHER. So in effect you are working on a different phase of health care delivery?

Mr. LITTLE LIGHT. Right.

Senator MELCHER. So this health planner now is just—is using your past background and shifting to a little broader arena?

Mr. LITTLE LIGHT. Right.

Senator MELCHER. If I'm not mistaken, your wife works in the hospital, right?

Mr. LITTLE LIGHT. She used to be a CHR, but our new policies if a family members works, the other spouse does not work.

Senator MELCHER. So you are working, she can't?

Mr. LITTLE LIGHT. She's not working.

Senator MELCHER. But she was. She had broad experience as a CHR?

Mr. LITTLE LIGHT. Right.

Senator MELCHER. OK. I think your family, between the two of you, yourself and your wife, you have been in one phase or another of delivering health care to the Crow people for a long time, and I appreciate that. I hope we can make headway with this bill and get it passed quick enough this fall to where it would be meaningful for next year. Thank you very much.

Mr. LITTLE LIGHT. Appreciate it. Thank you.

Senator MELCHER. Is Rocky Stumps here? Is he coming back?

Bearhead Swaney is next from the Flathead Tribe.

STATEMENT OF TOM BEARHEAD SWANEY, TRIBAL HEALTH DIRECTOR, FLATHEAD TRIBE

Mr. SWANEY. Senator Melcher, I'm the Tribal Health Director for the Flathead Tribe, and I have been there at that position for about 1 year and 8 months. We have provided you with written testimony regarding S. 1475. In that we take particular exception to the recruitment of foreign doctors not as doctors but as physician assistants. We are aware from various studies commissioned by the American Medical Association that there is a glut of doctors in the United States, especially in the urban areas, but the lack of doctors on reservations and rural areas is not only a reservation problem but a national problem.

This problem can somewhat be alleviated if the Indian Health Service would have the doctors that they now have push paper, instead of pushing paper, push patients. The Bilings areas office has four medical doctors and two dentists that primarily are administrators and not working in their fields. Last month at the North-

west Affiliated Tribes in Moscow, Idaho, that was a concern of all the tribes in the Pacific Northwest, and they developed a resolution requesting that all of the doctors in the area offices be assigned to service units to work with patients and not in the administrative capacity.

For those of you that aren't familiar with the Flathead Indian Reservation, it is in western Montana, and we have 89 lakes, 489 miles of trout stream, it is a very beautiful area, and there shouldn't be any problem with recruitment of doctors.

We have three hospitals within our reservation boundaries, with one just closed, another one will probably soon close, which will leave us with one hospital locally. We service abour 8,000 plus patients, and we are a contract medical care facility. For the most part, we only have direct services in dental and in pharmacy. The rest of it is contract health care.

At the present rate we have 132 people who are on the elective surgery list at a projected cost of $338,000. Elective surgery in this care can mean gall bladders, ulcers, tonsillectomies, various and sundry kinds of operations.

But it is strange that I can spend $12,000 on a 45-day treatment of an alcoholic and I can't get a gall bladder operation for a 75-year-old senior citizen because it is not life-threatening, and they have to appear on a matrix that is used by the Billings area from a 1 to 12, and they have to be in the category of 11 or 12 before they are served.

I think when we look at the health facilities, health care, of Indian tribes, that we have been last in this nation since it started. The Indian Health Service came to the reservation, in my reservation, in 1957, and at that time we had to qualify for services by answering a 4-page document that said are you really an Indian, do you go to tribal council meetings, do you go to pow-wows, et cetera?

Indian health care is a national disgrace to the citizens of this country. I think that we have to encourage our Indian people, as has been voiced previously. We talked about the junior high. Those funds were cut for those junior high people to encourage them to come into a program.

I have with me Dr. Mike Dempsey, the Flathead's first doctor, who is coming back to the reservation to practice, and he's in his third year of residency now in family practice.

But what does he come back to, or what? I guess, Senator Melcher, that I'm appalled at the health care system that Indians have to live under. Your bill provides for some very good and positive things. We would like you to read our statement, take into consideration the positive things that we said about it, and also the negative things we said about it. Indian health care by law is law in the United States. It should be to a government to government relationship, and not as Indian people with their head down and their hand out saying, can I have some more?

It is a tragedy when a young girl comes before the tribal council with blisters in her mouth and she can't talk and she has an appointment at the Mayo Clinic, and IHS says she doesn't appear on the matrix, and my tribal council send her with her own funds to the Mayo Clinic. A 7-year-old girl that couldn't even talk because of the canker sores in her mouth and no one at home could do any-

thing about it, and the IHS denied this because she didn't appear on the matrix.

Thank you, Senator Melcher. If you have any questions, I would be glad to elaborate.

Senator MELCHER. I think we would like to hear from Dr. Dempsey very briefly. Maybe he can come up.

Are you in your third year of internship or residency?

Dr. DEMPSEY. I'm the chief resident of the family medicine program in Santa Rosa, CA.

Senator MELCHER. And you are all thorugh with it?

Dr. DEMPSEY. No; I'm in my third year now. I will finish at the end of June 1988.

Senator MELCHER. Next year?

Dr. DEMPSEY. Right.

Senator MELCHER. Next June.

Dr. DEMPSEY. I'm a medical graduate of Michigan State University and I went through the INMED program at the University of North Dakota for 2 years.

Senator MELCHER. When you get through with your residency, you do intend to come back?

Dr. DEMPSEY. I do.

Senator MELCHER. All right.

Dr. DEMPSEY. I'm one of the more fortunate people in that in that I looked at all the other med students I went to school with, and most people didn't know what specialty they were going to do or where they were going to go. I knew from the start to practice most effectively, I would practice family medicine, family practitioner on my reservation. I'm not dependent on anybody for referrals. It will give me the most flexibility and give the best service to my tribe.

Senator MELCHER. We earlier spoke of Dr. Tim Wilson, who received——

Dr. DEMPSEY. I know Tim. Tim is starting his residency.

Senator MELCHER. In family medicine?

Dr. DEMPSEY. I'm not sure. I think it maybe family medicine. I know it is somewhere in the midwest. He just graduated from Stanford.

Senator MELCHER. So he probably has 3 years ahead of him in residency?

Dr. DEMPSEY. Well, most residencies, you know, are three years. There are some that are four and some five. Surgeons five, obstetrics four.

Senator MELCHER. First of all, I hope to see you back on the Flathead after June 1988, and I hope we will see Tim back in the Northern Cheyenne sometime 3 years from now, or four years, whatever it takes for his residency. Congratulations, Doctor. Welcome back. We are glad to have you.

Now, Rocky Stump, Sr., calling for the last time. If he's left some testimony, we will make it part of the record.

This does complete our hearing record today, but the hearing record will remain open for about 2 weeks. So I would encourage everybody who would like to contribute to this hearing on S. 1475 to submit some written testimony for it and put it in the record. I want to thank all of you that have testified today. I will assure you

that your testimony is most helpful as we try to push this bill along next month.

The hearing is adjourned.

[Whereupon the hearing was adjourned.]

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